

Emergency Medical Treatment Authorization Form

I, _____, hereby authorize the staff
(Name of resident)
of _____ to take me, _____,
(Name of program) (Name of resident)
or my child/children, _____, to the nearest medical facility
(Name of child or children)
and to provide necessary assistance in case of an emergency or life threatening situation.

I also give permission to qualified personnel to administer appropriate treatment including anesthesia and surgical procedures, if needed.

If, however, I cannot be reached, I hereby authorize the staff at _____
(Name of program)

to transport my child to an area hospital and to secure for my child the necessary medical treatment. I understand that the staff of _____ have a basic understanding of First Aid and I
(Name of program)

authorize them to give my child/ren First Aid when appropriate.

Signature of Parent / Guardian

Date: _____

Signature of Staff

Date: _____

